



RHODE ISLAND  
**SALTWATER**  
**ANGLERS**  
 Foundation



6 Arnold Road, Coventry, Rhode Island 02816

401-826-2121

FAX: 401-826-3546

www.RISAA.org

## SCHOLARSHIP APPLICATION

The "Rhode Island Saltwater Anglers Foundation Fisheries and Marine Sciences Award" which shall be awarded to any Rhode Island resident high school senior, who will attend either the University of Rhode Island or Roger Williams University, in a fisheries or marine science program, within one year.

**PRINT**

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Initial Last

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

High School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Principal: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  Summer  all year Your Earnings: \$ \_\_\_\_\_

College(s) You applied to (note if accepted): \_\_\_\_\_

Major/minor you will pursue: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Parents' combined annual income: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(if different than yours) (if different than yours)

Number of children in family: \_\_\_\_\_

**Applicant MUST complete this form and attach the following APPLICATION DEADLINE: April 15, 2008**

**Submit the following**, each on a separate sheet:

1. A hand-written composition that describes your reasons for applying for this scholarship and your plans or goals for the future.
2. A letter from your high school principal or guidance counselor, or official school transcript, listing your average grades for the last two years, the total number of students in your class and your standing/rank in that class.
3. Submit a list of your personal achievements, in and out of school (example: Scouting, clubs, community service, Student Council)

Sign Application, and mail to address below. It must be **postmarked no later than April 15, 2008**.

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:** Scholarship Committee  
 R.I.S.A.A.  
 6 Arnold Road  
 Coventry, RI 02816